L12000019635

(Re	questor's Name)	
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(Au	uiess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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MAY 2 2 2013 D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT:

RED DOOR REHAB PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES STEPHENS

Name of Person

Firm/Company

2825 N NEBRASKA AVE

Address

TAMPA, FL, 336025

City/State and Zip Code

JAMES.STEPHENS03@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES STEPHENS

_{...}813、951**-**3390

Name of Person

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED DOOR REHAB PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

,-		······································			
The Articles of Organization for this Limited L	Liability Company	were filed on 5/23/2	012	and assig	ned
Florida document number L12000069635	J 1 J	· -			,
1 ionda document number	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
NEBRASKA HOLDINGS, LLC					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company,"	the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:		2825 N NEBRASKA AVE			
(Principal office address MUST BE A STREE	ET ADDRESS)	TAMPA, FL, 33602			
Enter new mailing address, if applicable:		2825 N NEBRA	SKA AVE,		
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL, 33602			
B. If amending the registered agent and registered agent and/or the new registered of	-		records, enter t	he name of	the new
Name of New Registered Agent:	JAMES ST	EPHENS		28T	
New Registered Office Address:	2825 N NE	BRASKA AVE		HAY	
		Enter I	Florida street add	réssi; 🔼	Comm
	TAPA		, Florida <u>33</u>	602 -	وسيا
		City	, 1 101 fua	⊑Zip Code	. 25525 - 1 3 1
New Registered Agent's Signature, if changing	Registered Agent:			17E	Same of S
) III N	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or-Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES STEPHENS	2825 N NEBRASKA AVE	Add Add
		TAMPA, FL, 33602	Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
			Remove
			Add
			Remove
			Add
			Remove
	 		Add
		3. 3.	Remove
		7: 7: 7:	
			Remove

-If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
	
ted 5/16/1	3
<u></u>	
	Signature of a member or authorized representative of a member
	James Staphens Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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